

**ANNUAL FINANCIAL STATUS REPORT**  
**SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000**  
**Department of Alcohol and Drug Programs**

1. Submit Completed Report to: Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration 1700 K Street, 5 <sup>th</sup> Floor Sacramento, CA 95814	2. Funding Period (State Fiscal Year)
3. Name and address of County Lead Agency [as required by the California Code of Regulations (CCR), Title 9, Division 4, Chapter 2.5, Section 9515(b)]	
4. Employer ID Number	5. Accounting Basis ( ) Cash ( ) Accrual
<b>Transactions</b>	<b>Amount</b>
6. Total SATTF Funds Allocated	
7. Approved Excess Funds Carried Over from Prior Fiscal Year	
8. Total SATTF Funds Available During Funding Period	
9. Expenditures for Drug Treatment Services	
10. Expenditures for Additional Services	
11. Expenditures for Other Services	
12. Total Expenditures	
13. Other Income (Interest, Sale of Equipment, etc.)	
14. Client Fees Assessed by Trial Judges and Received by the County	
15. Client Fees Assessed by Trial Judges and Collected by Treatment Programs	
16. Client Fees Assessed and Collected by the County for County Operated Treatment Programs	
17. Client Fees Assessed and Collected by Treatment Programs for the Costs of Treatment. Note: These funds are not totaled in Total Program Income.	
18. Funds Received from Providers for Audit Exceptions	
19. Funds Received from County/Local Agencies	
20. Total Program Income (Add lines 13-15 and lines 17-18)	
21. Net Expenditures (Line 19 minus Line 12)	
22. Funds Available at End of Period (Line 8 minus Line 20)	
23. Comments/Remarks   	
24. Certification: I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and obligations are for the purposes set forth in Division 10.8 of the Health and Safety code; Chapter 2.5, Division 4, Title 9, CCR; and in the award documents.	
Name and Title (Please print)	Telephone Number
Signature of Authorized Certifying Official	Date Report Submitted

**INSTRUCTIONS FOR ANNUAL FINANCIAL STATUS REPORT**  
**SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000**  
**Department of Alcohol and Drug Programs**

1. No entry is necessary as the Department's name is preprinted on the form.
2. Enter the funding period (State Fiscal Year) to which the report applies.
3. Enter the name and address of the county lead agency.
4. Enter the employer identification number assigned by the U.S. Internal Revenue Service.
5. Check the box which describes the accounting basis on which the report was prepared.
6. Enter the total allocation received by the county from the state Substance Abuse Treatment Trust Fund. Do not include funds received pursuant to Chapter 721, Statutes of 2001 (SB 223).
7. Enter the total prior year excess funds carried over for use in this fiscal year.
8. Add lines 6 and 7 to determine the total funds available during the State Fiscal Year.
9. Enter the total expenditures for drug treatment services (net of client fees for treatment services, whether assessed by a trial judge or the treatment program).
10. Enter the total expenditures for additional services supplemental to treatment pursuant to the Act, i.e., family counseling, vocational training, and literacy training.
11. Enter the total expenditures for other services pursuant to the Act, i.e., probation, court monitoring, and miscellaneous services.
12. Add amount reported on lines 9 through 11, and enter the sum.
13. Enter other program income (interest, sale of equipment, etc.).
14. Enter client fees assessed by trial judges and received by the county, as described in 9 CCR 9532(a).
15. Enter client fees assessed by trial judges, but collected by treatment programs. (Counties must instruct providers to separately account for such fees.) Do not enter client fees offset by treatment programs against treatment costs (excluding drug testing) prior to reimbursement, in accordance with 9 CCR 9532(b) and H&S Code 11991.5. Regardless of where and by whom fees are assessed and collected, fees must be identified to either CCR Section 9532(a) or (b). 9 CCR Section 9532(a) fees pass through the county trust fund. 9 CCR Section 9532(b) fees do not.
16. Enter client fees assessed and collected by the county for county operated treatment programs.
17. Enter client fees assessed and collected by treatment programs toward the cost of treatment pursuant to 9 CCR Section 9532(b). These funds are not totaled in the Total Program Income on line 20.
18. Enter funds received from providers as a result of county audit exceptions or audit findings identified by the state which necessitated the recovery. This does not include amounts recovered through offset of payments to service providers.
19. Enter any funds received from county/local agencies for purposes of the Act.
20. Add lines 13-16 and 18-19 and enter the total program income.
21. Subtract the amount on line 20 from the amount on line 12 and enter the result.
22. Subtract line 21 from line 8 and enter the result. THE AMOUNT REPORTED ON LINE 21 REPRESENTS THE UNSPENT FUNDS, WHICH IF APPROVED BY THE DEPARTMENT, MAY BE RETAINED BY THE COUNTY AND EXPENDED IN ACCORDANCE WITH SECTION 11999.13 OF THE HEALTH AND SAFETY CODE. TO RETAIN AND EXPEND THESE FUNDS, A COUNTY SHALL AMEND ITS COUNTY PLAN.
23. and 24. Self-explanatory.